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July 19, 2019

SUBMITTED ELECTRONICALLY VIA ECFS

Chairman Ajit Pai
Commissioner Michael O'Rielly
Commissioner Brendan Carr
Commissioner Jessica Rosenworcel
Commissioner Geoffrey Starks
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: Promoting Telehealth in Rural America, WC Docket No. 17-310

Dear Chairman Pai and Commissioners:

Community Care of West Virginia, Inc. (Community Care) respectfully submits this letter to voice concern about the draft Rural Health Care Report and Order that is on the Federal Communication Commission's August meeting agenda.[1] Community Care of West Virginia, Inc. ("CCWV") is a community-based, non-profit Federally Qualified Health Center ("FQHC"), serving the needs of rural, underserved populations throughout central West Virginia.

Community Care greatly appreciates that the Commission releases the full text of agenda items so that affected parties may provide feedback to the Commission before it takes final action.

In the case of the draft RHC order, however, there simply is not enough time between circulation and the beginning of the sunshine period (approximately two weeks) for healthcare providers (HCPs) and other stakeholders to analyze the sweeping changes the draft order would make to the RHC rules, understand their responsibilities under the new rules, and convey their concerns or suggestions for improvement to the Commission. We understand that the rules will not go into effect immediately, but this is our final chance to provide feedback before these significant changes are made. Community Care therefore asks the Commission to consider postponing a vote on the draft order to give program participants sufficient time to digest the contents of the item.

CCWV respectfully asks the Commission to consider how much work HCPs will have to do to

[1] *Promoting Telehealth in Rural America*, Draft Report & Order, WC Docket No. 17-310 (Public Draft rel. July 11, 2019), https://docs.fcc.gov/public/attachments/DOC-358434A1.pdf.

simply to determine what their new responsibilities will be under the proposed new rules. As we are sure the Commission is aware, rural health care providers are primarily trying to take care of their patients and serve their communities and do not have the resources in place to quickly review and provide feedback to the Commission.

CCWV operates fourteen (14) health center locations in Braxton, Clay, Harrison, Lewis, Pocahontas, Randolph, and Upshur Counties; a dental clinic in Pocahontas County; and fifty (50) school-based health center locations throughout Braxton, Clay, Harrison, Lewis, Pocahontas, and Upshur Counties. CCWV has been providing healthcare to the medically underserved, regardless of their ability to pay, for nearly 30 years, and it remains firm in its commitment to identify and serve those medically underserved. In all, CCWV serves some of the most rural and geographically isolated sections of West Virginia. The 41,673 patients served by CCWV are rural community members of all ages and life cycles. United States Census statistics for individuals and families in the CCWV service areas falling below poverty level are more than 30 percent higher than the national average.

While the draft order contains some welcome changes to the RHC rules, there can be no denying that the draft order constitutes a major overhaul of those rules. It is extremely challenging for RHC participants to analyze the proposed changes and convey their concerns and suggested improvements to the Commission before the sunshine period begins.

We do note that many of the proposed changes appear to focus on a major overhaul of the Telecom program. CCWV recognizes the flaws of the telecom program and the advantages of the Healthcare Connect (HCF) program. Given that CCWV facilities are all in rural areas, CCWV is currently reliant on the Telecom program because the monetary impact of moving from the urban rate to a 65 percent discount is simply too high. We would encourage the Commission to consider ways to help entirely rural entities to move to the HCF program, such as increasing the discount rate under HCF for solely rural entities.

CCWV is particularly concerned about the map that appears in the draft order as Figure 3, showing what areas of the country would be classified as "rural," "less rural," and "extremely rural" under the proposed new rules.[2] It is difficult, if not impossible, for HCPs to determine what effect the proposed new rules would have on them based on this map. First, we simply cannot identify which classifications our locations would receive. We note that the Grand Canyon in Arizona appears to be in the "less rural" category, and we are concerned that our locations would similarly be classified in a way that is not reflective of their rurality.

Second, it is unclear to us what effect those classifications might have on the rates we will pay. The statute provides a subsidy for health care providers such as ourselves so that we can pay essentially the same rates as urban health care providers. Because the Commission has retained the pricing structure of the program—applicants pay the difference between the urban and rural rates—how the rural rate is determined is a critical question as to whether Congress's statutory goal is being met. Our experience in the past has been that some carriers say they offer service statewide but that is not the case in particular rural areas. Even though we will only pay the urban rate, we are concerned that if rural rates are set too low, no carrier will want to serve us.

[2] Draft Report and Order at 17.

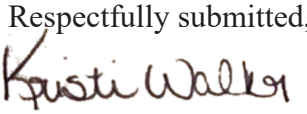
Would we be allowed to pay more for the service, if we wanted or needed to, even if it is higher than the USAC-established "rural rate" and still receive the amount of the rural rate?

We are also very concerned about how the Commission is proposing to establish the urban rate. Our specific questions include:

- How will USAC include carriers' rates in its calculations?
- How is USAC specifically going to identify and calculate quality of service? Quality of service is very important to us, given the type of data we transmit on a regular basis.
- Will there be an opportunity to challenge USAC's rate determinations? The current USAC safe harbor rates for West Virginia are outrageously high, and do not appear to be even close to the rates that health care providers in urban areas have access to. USAC has not disclosed how it developed those rates and why they are so high. If USAC is going to set the urban rate, we believe we should be able to understand how USAC arrived at that rate and have a process to dispute it if we believe it is not comparable to rates paid by our urban counterparts.

Community Care appreciates the Commission's consideration of its concerns. Again, we ask that you postpone your adoption of the order so that we may have further time to review and provide feedback as necessary.

Respectfully submitted,



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